

04-12-01

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Robert K. Rowe et al.

Serial No.: Unknown

Examiner: Unknown

Filing Date: April 11, 2001

Group Art Unit: Unknown

For: APPARATUS AND METHOD OF BIOMETRIC IDENTIFICATION OR  
VERIFICATION OF INDIVIDUALS USING OPTICAL SPECTROSCOPY

Docket No.: 1023.1110102

**TRANSMITTAL SHEET**

The Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EL837557417US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 11th day of April, 2001.

By Kathleen L. Bookley  
Kathleen L. Bookley

We are transmitting herewith the attached Patent Application including the following:

[ XX ] FIFTY-FOUR (54) sheet(s) of specification.

[ XX ] FORTY-EIGHT (48) claim(s).

[ XX ] ONE (1) sheet(s) of Abstract.

[ XX ] SIX (6) sheet(s) of informal drawings.

[ XX ] Unexecuted Declaration and Power of Attorney.

[ ] A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

[ ] An Assignment of the invention to \_\_\_\_\_ is being filed contemporaneous with this patent application.

[ ] A certified copy of a \_\_\_\_\_ application, serial no. \_\_\_\_\_, filed \_\_\_\_\_, 19\_\_, the right of priority of which is claimed under 35 U.S.C. 119.

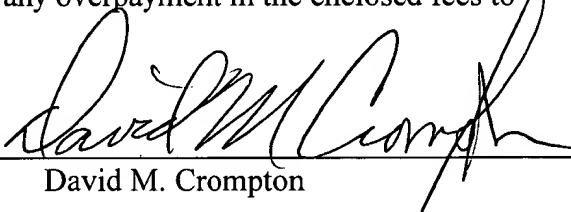
CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE	1	0		\$355		\$710
TOTAL CLAIMS	48-20 =	28	X9=	\$	X18=	\$504
INDEPENDENT CLAIMS	9-3 =	6	X40=	\$	X80=	\$480
( ) MULTIPLE DEPENDENT CLAIM PRESENTED			+135=	\$	+270=	\$0
TOTAL			\$		\$1,694	

\*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[ ] Other \_\_\_\_\_.

[ XX ] A check in the amount of \$1,694.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:   
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